

State at a Glance: Maryland

Overview

In February 2010, the [Centers for Medicare & Medicaid Services \(CMS\)](#) awarded grants to 10 States under a 5-year, \$100 million effort to improve health care quality and delivery systems for children enrolled in Medicaid and the Children's Health Insurance Program (CHIP). Funded by the [Children's Health Insurance Program Reauthorization Act of 2009 \(CHIPRA\)](#), the [Quality Demonstration Grant Program](#) aims to identify effective, replicable strategies for enhancing quality of care for children. Because some grantee States are partnering with other States, the grants will support the implementation and evaluation of quality improvement strategies for children in a total of 18 States under five broad categories.¹

As one of the 10 grantees, Maryland is working with **Georgia** and **Wyoming** in an innovative multi-State learning collaborative, facilitated by the Center for Health Care Strategies (CHCS), to implement a comprehensive provider-based model of service delivery for youth with serious behavioral health challenges. The three States represent diverse geographic areas and Medicaid structures and a range of experience in using the model, known as a care management entity (CME).

Maryland's Objectives

Maryland is working to expand its existing CME model to improve the quality and cost of care for youth with serious behavioral health challenges who are enrolled in Medicaid and CHIP and to support its partner States in their individual efforts. Specifically, Maryland aims to improve: 1) access to home- and community-based services; 2) clinical and functional outcomes; 3) cost outcomes; and 4) family and youth resiliency for children and youth with serious behavioral health needs.

CMEs utilize the [Wraparound practice approach](#) to provide intensive care coordination through a family-driven and youth-guided, individualized, strengths-based, collaborative, team planning approach that is coordinated across agencies and providers. The CME supports youth to remain in their homes and communities, accessing natural supports and sustainable home- and community-based services as alternatives to costly residential and hospital care. In 2011, Maryland and its partner States implemented the project planning tool developed by CHCS as part of its Quality Learning Collaborative to quantifiably measure their collaborative-wide goals and determine which data are available to monitor progress.

Maryland is focusing on the following goals to guide the work of this grant:

- Sustaining populations currently served by CMEs and exploring expansion to include new populations of children in Medicaid and CHIP programs who have been identified as high users of services, with public child- and family-serving system involvement.
- Identifying specific and comprehensive financing approaches for identified populations served by the CMEs.

¹ The five categories are projects that (1) show how a core set of children's quality measures can be used to improve quality of care for children, (2) promote the use of health information technology to enhance service quality and care coordination, (3) implement new or more comprehensive provider-based models of service delivery, (4) demonstrate the impact of a model electronic health record format for children, and (5) test an approach to quality improvement of a State's own design.

- Implementing and ensuring standards of care for psychotropic medication prescribing practices for CME youth.
- Improving overall health of CME participants by ensuring access to and coordination with comprehensive physical and oral health services consistent with wellness and [Early Periodic Screening, Diagnosis, and Treatment \(EPSDT\)](#) standards of care.
- Reviewing and revising utilization management processes to be consistent with system of care values and based on functional criteria.
- Identifying a crisis response model and financing structures to support CME youth.
- Establishing a consistent model and a funding mechanism for peer support.

Maryland's activities continue to be integrated into the State's ongoing system of care transformation efforts and reforms designed to integrate behavioral health and health care services.

Evaluation Questions

The national evaluation team will gather information from Maryland to address a wide range of questions about the implementation and outcomes of their efforts including:

- How did the multi-State learning collaborative enhance Maryland's efforts to expand its CME model and achieve its other goals?
- To what extent did Maryland's efforts to expand the CME model improve quality of care for youth with serious behavioral health challenges?
- Did the CME model result in more efficient provision of support and treatment (e.g., reduced duplication of effort/financing)?
- What are the key lessons from Maryland's experience that would be useful for other States?

Learn More

This information is current as of March 2012, slightly more than 2 years after grant award. To learn more about the projects that Maryland is implementing under the CHIPRA Quality Demonstration Grant Program, please contact:

Deborah S. Harburger, MSW, LGSW
CHIPRA Grant Project Director
The Institute for Innovation and Implementation
University of Maryland School of Social Work
307 W. Baltimore Street, Baltimore, MD 21201
410-706-8300
dkharburger@ssw.umaryland.edu
www.ssw.umaryland.edu/theinstitute

To learn more about the CHIPRA CME Quality Improvement Collaborative, visit www.chcs.org/info-url_nocat3961/info-url_nocat_show.htm?doc_id=1250388 or contact Dayana Simons at dsimons@chcs.org.

To learn more about the national evaluation of the CHIPRA Quality Demonstration Grant Program, visit the evaluation's Web page at <http://www.ahrq.gov/chipra/demoeval> or send an email to CHIPRADemoEval@ahrq.hhs.gov.